



FORM  
ORG  
(Rev. 3/2015)

'16 FEB -2 110 :20



HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII  
STATE ETHICS COMMISSION

REPORT YEAR: 2015  Amended Statement

For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

ORGANIZATION INFORMATION

International Franchise Association (IFA)  
Organization Name  
1900 K Street, NW # 700

Jeff Hanscom  
Contact Person

Mailing Address (Number and Street or P.O. Box)

Washington

DC

20006

City

State

Zip Code

(202) 662-4179

jhanscom@franchise.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

|    |   | Total Amount                            |
|----|---|---|
| 1  | Preparation & Distribution of Lobbying Materials.....   | 1 _____                                 |
| 2  | Media Advertising.....  | 2 _____                                 |
| 3  | Compensation Paid to Lobbyists ( <i>Attached Additional Sheets As Needed</i> )<br><i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i> |   |
|    | Lobbyist Name   | Compensation Paid                       |
| A. | <u>BT Consulting, Inc. dba Advocates</u>  | A. <u>0.00</u>                          |
| B. | _____   | B. _____                                |
| C. | _____   | C. _____                                |
| D. | _____   | D. _____                                |
| E. | _____   | E. _____                                |
| F. | _____   | F. _____                                |
| G. | Total from Additional Attached Sheet(s).....  | G. _____                                |
|    | Add lines A through G.....  | Total Compensation Paid ► 3 <u>0.00</u> |
| 4  | Fees Paid to Consultants or Services.....   | 4 _____                                 |
| 5  | Entertainment & Events.....   | 5 _____                                 |
| 6  | Receptions, Meals, Food, & Beverages.....   | 6 _____                                 |
| 7  | Gifts.....  | 7 _____                                 |
| 8  | Loans.....  | 8 _____                                 |
| 9  | Other Disbursements.....  | 9 _____                                 |
|    | Add lines 1 through 9.....  | Total Expenditures ► <u>0.00</u>        |

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |

Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- Agriculture
- Education
- Human Services
- Science, Technology & Economic Development
- Communications & Public Utilities
- Government Operation & Finance
- Intergovernmental Relations, International Affairs
- Tourism & Recreation
- Consumer Protection & Commerce
- Hawaiian Affairs
- Labor & Employment
- Transportation
- Culture, Arts, Historic Preservation
- Health
- Planning, Land & Water Use Management
- Other (indicate below): \_\_\_\_\_
- Ecology, Energy Environmental Protection
- Housing
- Public Safety & Corrections

**AUTHORIZED PERSON**

Jeff Hanscom Director 1/12/16  
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

**CERTIFICATION:** By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.